

## **Home Visitation Leadership Advisory Coalition**

July 17, 2013

10:00 a.m. to 12:00 p.m.

OSDH, Room 314

### **Minutes**

#### **In Attendance:**

Mindy Bellack, McClain-Garvin Youth & Family Center  
Sheri Brack, OCCHD  
Patty DeMoraes-Huffine  
Suzy Gibson, OSDH/OCAP  
Melinda Heidling, The Compassionate Friends  
Courtney Humphry, Sunbeam  
Monica Inciarte, Latino Agency  
Sharonda Irving, Parent Promise  
Vicki Land, Smart Start Central Oklahoma  
Vicki Lewis, Telligen/Sooner Care  
Kadion Lilly, OSDH/MIECHV  
Regana Mouser, Sooner Care  
Chelsie Melkvik, OSDH/OCAP  
Persephone Starks, OSDH/OCAP  
Melissa Szeto, OHCA  
Sherie Trice, OSDH/FSPS  
Cathy Singer, OKDHS

#### **iPower Attendees:**

Ginger Dunn, Chickasaw Nation-Pontotoc County  
Joy Burris, Chickasaw Nation-Pontotoc County  
Amanda Burgan, Tulsa City-County Health Department  
Sarah Franke, Help-In-Crisis, Inc  
Sara Davidson, Help-In-Crisis, Inc  
Regina Golden, Chickasaw Nation-Pontotoc County  
Donna Holladay, Tulsa – Parent Child Center of Tulsa, Inc  
Jan Justice, Kay County-Northern Oklahoma Youth Services  
Cindy Lane, Okmulgee-Okfuskee County Youth Services  
Marilyn Powell, Bartlesville Early Childhood Resource Ctr-Wash. Cty  
Brenda Rose, Northwest Family Services-Woods County  
Beverly Washington, Youth & Family Services for Hughes and Seminole  
Dori Lientz, Great Plains Youth & Family Svcs-Kiowa County  
Marilyn Walden, McCurtain County Health Department  
Liz Biolley, Center for Children & Families, Inc - Cleveland County

Sherie Trice opened the meeting at 10:06 a.m. All in attendance introduced themselves.

#### **Sharing of Program Information/Announcements**

- OHCA Social Services – Patient advice line is no longer available through SoonerCare. Service ended on Feb. 28<sup>th</sup>, but official letter went out to providers on July 9<sup>th</sup>. Providers will have to make other arrangements for their clients after hours.

Meals and lodging (for qualified medical appts.) – As of July 1<sup>st</sup>, clients must qualify for an overnight stay before assistance is granted. They must call 3 days in advance and get a trip # and form for approval. If there is a patient in NICU and the family lives outside 100 miles, mother can qualify for meals and lodging (requires visitation of 6hrs or more per day to qualify).

If a child has been removed from the home and in DHS custody, parents are no longer eligible for meals and/or lodging. Sooner Ride is in conjunction with the meals/lodging program.

- Kadion Lilly – MIECHV: PAT RFP awards have not been announced so until then communication is not allowed with applicants. PAT training will be coming out soon.
- Chickasaw Nation – graduation ceremony for kids in their program is Tuesday, July the 23<sup>rd</sup>.
- New procedures for Video Conference reservation and setup. More information to come out in an email from Brittany Berry.
- OK State Plan for Child Abuse & Neglect was approved and available on the OSDH website at: <http://www.ok.gov/health2/documents/Combined%20State%20Plan%20Docs.pdf>
- CAP Action team meeting next on Aug 21<sup>st</sup>. Everyone's involvement and participation is needed. The goal is to be bigger and better. The plan is to further expand w/sub-committees and encourage more people to get involved with those functions. Tuesday, April 8<sup>th</sup> 2014 is the next CAP Day at the Capitol.
- ITF has been eliminated due to legislation as of November 1<sup>st</sup> 2013. Plans are in place to continue with a similar task force with work groups to focus on specific prevention areas with the hopes that one of the workgroups will be "HOME VISITATION". Folks are encouraged to consider being involved on this new task force.

## **Special Guest Presentations**

- **The Compassionate Friends Self-Help Bereaved Parents Group**  
Melinda Heidling (brochure attached)

This service is available to all bereaved parents, grandparents, siblings, etc where they meet as informal groups, and attendees share how to deal with everyday life after the loss of a child.

Website ([www.compassionatefriends.org](http://www.compassionatefriends.org)) offers way to find meetings, functions, conferences, etc. The groups also have guest speakers, so contact Melinda if you're interested in coming to speak.

- **Childhood Hearing Loss in Oklahoma: Newborn Hearing Screening Program; Oklahoma Audiology Taskforce; Hearing Loss 101**  
Patricia Burk, MS, CCC-SLP, LSLS Cert. AVT, Program Coordinator  
Deborah Earley, Au.D, CCC-A, Follow-up/Audiology Coordinator  
Screening and Special Services/Newborn Hearing Screening Program (OSDH)  
(Presentation materials are attached)

## **Home Visitation Publications – Keeping Current!**

- Home visitation safety guidelines: urged folks to look this over for updates.

## **Home Visitation Challenges (tabled until next meeting)**

## **No business**

The meeting was adjourned at 12:01 p.m.

## MEMORIAL EVENTS

At each monthly meeting, we remember and recognize the birthdays of our loved ones for that month. Members bring photos or mementos and share a special memory of their loved ones.



Every fall, TCF members gather with their family & friends for our annual "Walk to Remember" and Memorial Balloon Release. Our

walk is open to any family who has experienced the death of a child, of any age and from any cause.



We also have an annual Memorial Candle Lighting Remembrance. This memorable evening of remembrance planned by our members includes special music, readings and reading of names while we light our candles. We gather for refreshments and to share our stories immediately following the service. The service is open to all TCF members, family & friends.



## CHAPTER PROGRAMS

Monthly Support Group Meetings

Monthly Newsletter

Guest Speakers/Programs

Lending Library

Birthday Table & Recognition

Regional Conferences

Annual "Walk to Remember"

Annual Memorial Candle Lighting Service

TCF publishes a national magazine "We Need Not Walk Alone." To request a complimentary copy of the magazine, get information about regional or national conferences, or obtain a referral to a chapter in your area, call the toll free number (877) 969-0010 or [www.compassionatefriends.org](http://www.compassionatefriends.org).



**The  
Compassionate  
Friends**  
Supporting Family After a Child Dies

The Compassionate Friends  
North Oklahoma City Chapter  
PO Box 12249  
Oklahoma City, OK 73157-2249

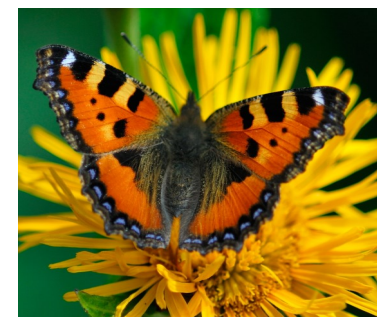
(405) 693-3955  
[nokctcf@aol.com](mailto:nokctcf@aol.com)

TCF National Office • PO Box 3696 • Oak Brook IL 60522  
(877) 969-0010 • [www.compassionatefriends.org](http://www.compassionatefriends.org)



**The  
Compassionate  
Friends**  
Supporting Family After a Child Dies

*A self-help support organization  
for families that have experienced  
the death of a child, at any age,  
from any cause.*



*The North Oklahoma City*

*Chapter # 1180 of*

*The Compassionate Friends*

*(405)-693-3955*

*Meets the 2nd Thursday of each month*

*At 7:30 p.m.*

*Mayflower Congregational Church*

*3901 N.W. 63rd Street*

*Oklahoma City, OK 73116*

*We Need Not Walk Alone ~  
We are The Compassionate Friends.*

## WE NEED NOT WALK ALONE ...

*When a child dies, at any age, the family suffers intense pain and may feel hopeless and isolated. The Compassionate Friends (TCF) provides highly personalized comfort, hope, and support to every family experiencing the death of a son or a daughter, a brother or a sister, or a grandchild, and helps others better assist the grieving family.*

*Since 1973, the North Oklahoma City Chapter of The Compassionate Friends has been actively helping families toward the positive resolution of their grief following the death of a child.*

## ABOUT THE COMPASSIONATE FRIENDS

TCF is a national self-help, mutual assistance organization offering friendship, understanding, and hope to bereaved parents and their families. Our twofold mission is to assist families toward the positive resolution of grief following the death of a child and to provide information to help others be supportive. The North Oklahoma City Chapter is one of more than 660 chapters in the United States; the National Office is in Oak Brook, Illinois. TCF has no religious affiliation. The chapter has no employees; leadership roles are filled by member volunteers who work in honor of their children, siblings, or grandchildren who have died.

## MONTHLY NEWSLETTER

Our monthly newsletter announces TCF activities and includes articles which are helpful to families grieving the death of a child. The newsletter includes original writings by bereaved parents, siblings, and grandparents from throughout TCF's more than 660 chapters nationwide. Our newsletters are mailed/mailed to all chapter members

and to other interested individuals free of charge, each issue reaches approximately 386 households for our chapter. Please call (405) 693-3955 or email [nokctcf@aol.com](mailto:nokctcf@aol.com) to be added to the newsletter mailing list.



## SUPPORT GROUP MEETINGS

Our monthly support group meetings are the heart of TCF. These gatherings provide a caring environment in which bereaved parents, adult siblings, and grandparents can talk freely about the emotions and experiences they are going through and receive the understanding support of others who have "been there." Often, members say that the hope provided through these sharing sessions has been more helpful than other types of support in resolving grief within their family following the death of a child.

## DEDICATED PHONE LINE



A dedicated telephone line is maintained by the North Oklahoma City Chapter of TCF.

Every year numerous inquiries are received from bereaved parents, grandparents, siblings, referring agencies and individuals, or the general public. Some of these calls are the result of TCF members in other cities referring bereaved Oklahoma City friends to us. The chapter also maintains a list of "Loving Listeners," members who have "been there" and can be called at any time a bereaved family member needs to talk.

## INFORMATION AND EDUCATION

Part of our mission is to promote better understanding of parental and family grief. Examples of this effort have included:

- Distributing informational material to professionals in hospitals, hospices, funeral homes, and churches, as well as to other interested individuals.
- Members are also willing to do public speaking with other grief groups, college classes, church groups or wherever there is a need.

## LENDING LIBRARY

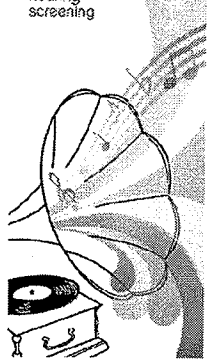
A lending library of grief-related books, audiotapes, and videos are available at each meeting. Members may browse the library and check out materials for home reading or viewing between meetings.



## LOVE GIFTS

While we have no individual dues or fees of any kind, donations are welcomed. The North Oklahoma City Chapter depends entirely on voluntary contributions from individuals, businesses, and philanthropic communities to fund chapter expenses including the printing and mailing of the newsletter, community outreach and meeting costs. TCF is a 501(c) 3 non-profit organization; all donations are tax-exempt.

newborn  
hearing  
screening



## Oklahoma Newborn Hearing Screening Program

### Audiology 101

Debbie Earley, Au.D., CCC-A  
Follow-up/Audiology Coordinator

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### Statistics of Hearing Loss

- National Institute on Deafness and Other Communication Disorders estimates 28 million people in the United States have some degree of hearing loss
  - One of the most frequently Occurring Birth Defect
    - 1/300 births will be diagnosed with some degree of hearing loss
    - Approx. 165-200 babies annually in Oklahoma
  - In the United States, approximately 12,000 babies a year are born with hearing loss
    - 33 babies a day
  - Additional 4,000-6,000 children (birth-3 years) who passed NBHS will acquire late onset hearing loss.
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### Additional Statistics

- The first five years of life are crucial to success in school and life
  - 21% of children live in poverty
  - 62% of confirmed child abuse cases and neglect cases are children birth – 6 years of life
  - 92% of actual brain development occurs before kindergarten
  - 1 in 50 Oklahoma children under age 6 are abused or neglected
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### Child Abuse & Hearing Loss 2010 National EHD

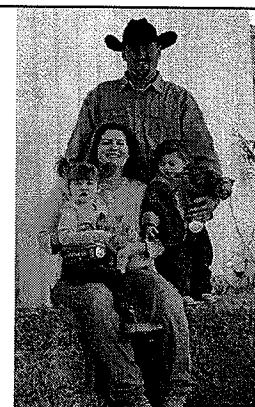
- Some children with hearing loss may have similar traits of a child who is abused
    - Social difficulties
    - Cognitive dysfunction
    - Behavior problems
  - Children with undiagnosed or lesser degrees of hearing loss may appear inattentive, non-responsive, non-compliant, etc.
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### Child Abuse & Hearing Loss 2010 National EHD

- 31% of children with disabilities are abused
  - Children with hearing loss have an increased risk for maltreatment
  - Children who are D/HH are 3 times more likely to experience CA/N than hearing peers
  - Predators prey on children with hearing loss
  - Child may have to interpret for abuser
  - Abuser may interpret for the child
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### Did you know?

92% of babies  
with hearing  
loss born to two  
hearing parents



## Variables influencing progress and outcome

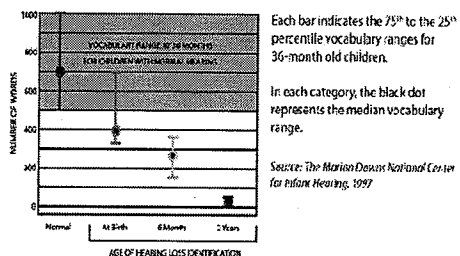
- Age at diagnosis and amplification
- Cause of hearing loss
- Family Support
- Mode of communication
- Educational environment
- Cognitive & Language abilities
- Presence of other disorders
- Learning style

## Early Identification Is Key

- How young is too young?
- Can babies wear hearing aids?
- “Critical windows” of development
  - Language Skills: Birth - 2 years
  - Listening Skill: Birth - 3 ½ years



### CHILDREN WITH HEARING LOSS IDENTIFIED AT BIRTH DEVELOP LANGUAGE WITHIN THE NORMAL RANGE



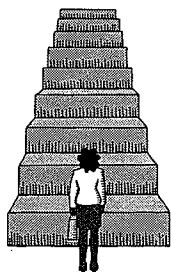
## “Critical Windows”

- “Critical windows” of development
  - Language: Birth – 2 years
  - Auditory Skill Development: Birth – 3 ½
- Yoshinaga-Itano: Intervention before 6 months of age results in normal cognitive and linguistic development.
- After 6 months of age, scores are significantly lower.

Source: (Yoshinaga-Itano C, Sedey AL, Coulter DK, Mehl AL. Language of early- and later-identified children with hearing loss, *Pediatrics*, 1998; 102:1161-1171.)

## Hearing is a First order event

- Hearing
- Attention
- Spoken Language
- Reading and Writing
- Academics
- Professional Flexibility

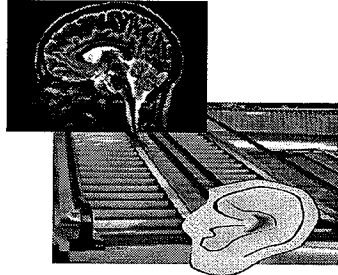


(Sloutsky & Napolitano, 2003)

## Hearing Development

- The cochlea is formed and functional by 20 weeks gestation (Gordon & Harrison, 2005)
- At birth, have 20 weeks of listening experience.
- Hearing is the most effective modality for teaching spoken language, reading, and cognitive skills (Werker 2006)

## Brain Development-The ear is the conveyer belt to the brain!!



## Brain Development

- Critical period for maximum brain neural plasticity for auditory language enrichment:  
1st year of life (Sharma, Dorman, Kral, 2005)
- Neuroplasticity: Brain's availability and malleability to grow and develop and alter it's structure as a function of external stimuli (Nicholas & Geers, 2006)

## Brain Development (cont)

- Human being are neurologically "wired" to develop spoken language and reading skills through the central auditory system.
- Research on brain mapping shows that primary reading centers of the brain are located in the auditory cortex (Chermak et al., 2007; Puch, 2006, Tallal, 2005).

## 1 Million Words A Month!!

Average number of words heard by a child in the first four years of life:

	Daily	4-years
Professional family	2100	45 million
Working-class family	1200	26 million
Welfare family	600	13 million

Meaningful Differences in the Everyday Experience of Young American Children (Hart & Risley, 1999)

## National 1-3-6 Goals

- **1 Month**
  - Initial Hospital Screen
- **3 Months**
  - Diagnosis of Hearing Loss
- **6 Months**
  - Early Intervention

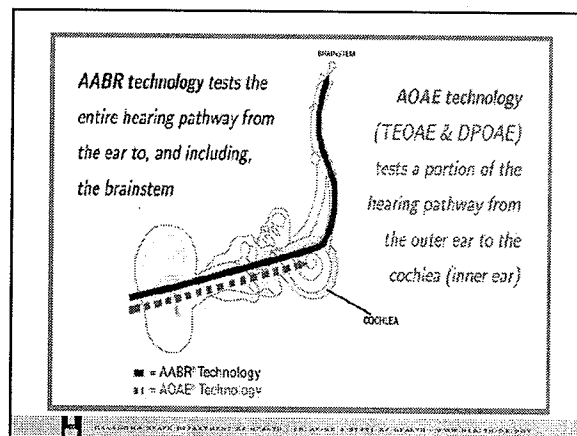
Source: (Center for Disease Control and Prevention)



## Types Of Physiologic Screening In Oklahoma

- **Auditory Brainstem Response (ABR)**
  - Test used to measure responses in the brain waves to auditory stimulus
- **Otoacoustic Emissions (OAE)**
  - Test used to measure the response of the sensory cells in the cochlea to sound source presented

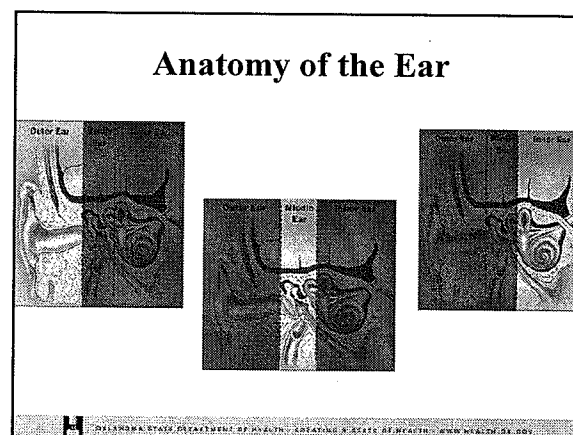
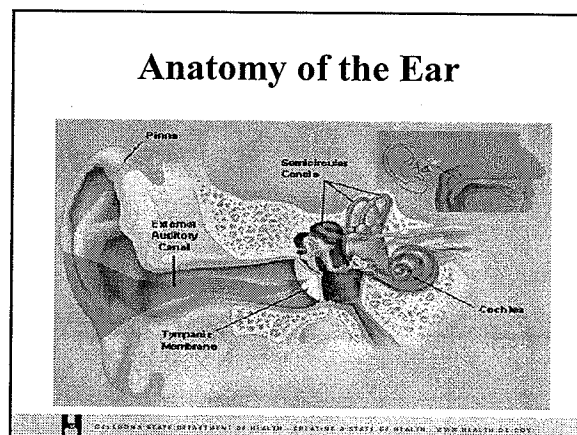
**Note: Infants can be screened within hours of birth.**



### NHSP Follow-up

- Send follow-up letters to Parents and Primary Care Physicians at 7 days
- Provide Spanish translation
- Make phone calls to Parents at 45 days
- Reminder letters at 5 months for babies who passed but are at risk
- Give providers Initial/Follow-up Results
- Help families follow-up with providers
- Seek results for Follow-up Screenings
- Accumulate State Statistics

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### Types of Hearing Loss

- Conductive
  - The inner ear has normal function, but the interference with the transmission of sound happens from the ear canal to the inner ear.
  - Common causes are fluid in the middle ear, hole in eardrum, foreign body, earwax, infection in ear canal (swimmer's ear), benign tumor, absence or malformation of the outer ear, ear canal, or middle ear

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### Types of Hearing Loss

- Sensorineural:
  - The inner ear has sustained damage within the cochlea or at the auditory nerve
  - Cannot be medically or surgically treated. Permanent loss
  - Thresholds are increase and sounds may be distorted
  - Many causes

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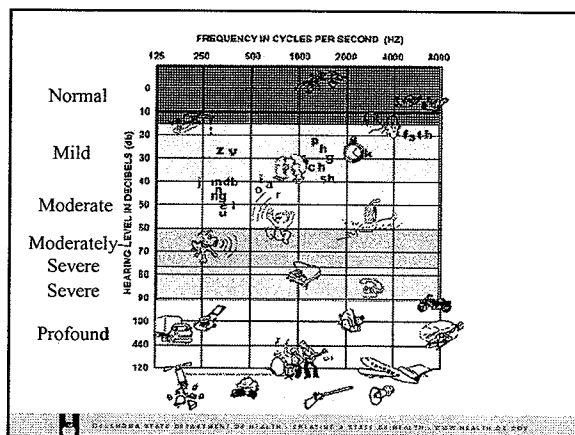


## Types of Hearing Loss

- Mixed:
  - Conductive and sensorineural hearing loss occur together
  - Common causes can be middle ear infection on top of an existing sensorineural hearing loss

## Types of Hearing Loss

- Auditory Neuropathy Spectrum Disorder:
  - Neural/brainstem dysfunction
  - Hearing thresholds may range from normal sensitivity to profound loss; however, speech understanding is worse than expected by the audiogram results
  - Many different causes: prematurity, hyperbilirubinemia, hypoxia, metabolic disorders, genetic
  - Typically other comorbid disabilities



## Degrees of Hearing Loss

- Mild
  - Still a hearing loss
  - May miss up to 40% of the speech signal in noise
  - Children may be accused of “not paying attention”
  - 37% of children with mild loss may fail at least one grade

## Degrees of Hearing Loss

- Moderate
  - Often delayed in academics
  - Speech-language delays without early intervention
  - Reading comprehension can be poor
  - Difficulty with group discussion
  - Written language can suffer

## Degrees of Hearing Loss

- Severe
  - Can detect speech sounds when aided optimally
  - May have severe delays in speech and language without early intervention
  - Reading comprehension and written language can be poor
  - Difficulty with group discussion

## Degrees of Hearing Loss

- Profound
  - Severe delays in speech and language without early intervention
  - Reading comprehension and written language can be poor
  - Difficulty with group discussion

## Hearing Risk Factors

- Infant had serum bilirubin level  $\geq 15$  mg/dL.
- Infant is suspected of having a congenital infection (neonatal herpes, cmv, rubella, syphilis, toxoplasmosis).
- Infant has craniofacial anomalies (such as pinna/ear canal abnormality, cleft lip/palate, hydrocephalus).

## Hearing Risk Factors

- Blood Relatives of the infant have a permanent hearing loss that began at birth or in early childhood.
- Infant was placed in a Level II or III nursery for more than 24 hours.
- Infant had exchange transfusion.

## Hearing Risk Factors

- Caregiver concern
- Physical findings such as a white forelock, associated with syndromes
- Syndromes associated with hearing loss, Usher, neurofibromatosis, Waardenburg, Alport, Pendred etc.
- Neurodegenerative disorders like Friedreich ataxia, Hunter syndrome
- Postnatal infections such as meningitis
- Chemotherapy

## Auditory/Language Development

- Birth-3 months
  - Startles to loud sounds
  - Quiets or smiles when spoken to
  - Seems to recognize your voice
  - Increases or decreases sucking behavior in response to sound
  - Makes pleasure sounds
  - Cries differently for different needs
  - Smiles when sees you

## Auditory/Language Development

- 4-6 months
  - Turns eyes toward sounds
  - Notices toys that makes sounds
  - Pays attention to music
  - Responds to changes in tone of the voice
  - Babbling p, b, m
  - Chuckles and laughs
  - Makes gurgling sounds

## Auditory/Language Development

- 7 months-1 year
  - Enjoys games like peek-a-boo and pat-a-cake
  - Turns and looks in the direction of sounds
  - Listens when spoken to
  - Recognizes words for common items like “cup”, “shoe”, “book” or “juice
  - Begins to respond to requests (“come here or want more”)
  - Babbling using short groups of sounds (“tata, upup”)

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## Auditory/Language Development

- One to Two Years
  - Points to body parts when asked
  - Follows simple commands and understands simple questions (“roll the ball, where’s your shoe”)
  - Listens to simple stories, songs, and rhymes
  - Points to pictures in a book when named
  - Says more words every month
  - Uses some one or two word questions

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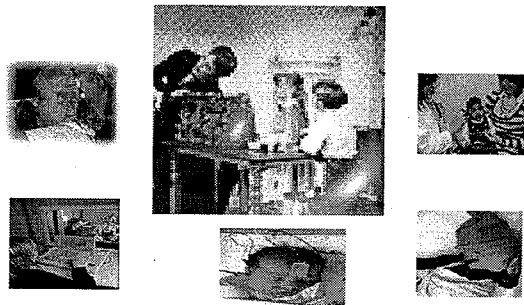
## Who is an audiologist?

- Audiologists currently hold a master’s or doctoral degree in audiology
- Audiologists are professionals engaged in autonomous practice to promote healthy hearing, communication competency, and quality of life for persons of all ages through the prevention, identification, assessment, and rehabilitation of hearing, auditory function, balance and other related systems (American Academy of Audiology)



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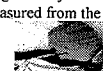
## Audiologist’s Bag of Tricks



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## Tests an Audiologist Might Perform

- **Tympanometry** is a test that is used to evaluate how the eardrums and middle ear are working – all ages
- **Visual Reinforcement Audiometry (VRA)** is a behavioral method of testing hearing used mostly for infants and toddlers ages 6 months to 2 years.
- **Oto-acoustic Emissions (OAE)** is a test during which your child hears soft sounds in each ear, and a response is measured from the ear through the same earphone- all ages



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## Tests an Audiologist Might Perform

- **Conditioned Play Audiometry (CPA)** is a behavioral method of testing hearing used mostly for children ages 2 to 5 years.
  - Blocks, peg boards, puzzles etc.
- **Traditional Audiometry** is a behavioral method of testing hearing used mostly for children and adults 5 years or older.
  - Raise hand, say beep
- **Auditory Brainstem Response (ABR)** is a test that determines whether your child hears soft sounds in each ear through a tiny earphone.



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## Hearing Aids

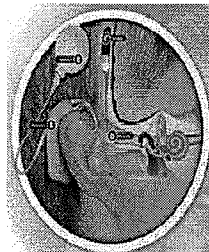
Hearing aids provide a signal that makes low, moderate, and high intensity sounds audible but not uncomfortable and provide excellent sound quality in a variety of listening environments



Photo Courtesy of Widex Corporation

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## Cochlear Implants



A cochlear implant is an implanted device that changes sound from vibrations or sound waves into electrical pulses that provide direct stimulation to the auditory nerve.

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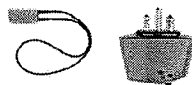
## Osseo-integrated Device

- Amplification system used when there is an anomaly of the outer and/or middle ear with a significant conductive hearing loss; however, normal inner ear and auditory nerve
- Surgery is recommended for these children around age 5-6 years of age



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## FM Systems



- Personal FM Systems



- Sound Field FM Systems

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## Intervention Options

- Auditory Verbal
- Total Communication
- Manual Communication



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How can Newborn Hearing Screening Program and Home Visitation Programs partner?



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## Membership - Expansion

### 3 Ways to Participate:

1. Receive email updates from OKAT and related programs
2. Join a subcommittee (which meet via phone monthly)
3. OKAT Quarterly meetings (held in OKC, Tulsa, via phone)

## Discussion/questions

- Thank you for your help with early hearing detection and intervention for babies in Oklahoma
- Questions?

## Contact Information

Oklahoma State Dept. of Health  
1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73117  
Phone: 405-271-6617  
Fax: 405-271-4892  
Email: [Debbiee@health.ok.gov](mailto:Debbiee@health.ok.gov)

<http://nhsp.health.ok.gov>